

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

Application Class C Non-Emergency from J & T TRANSPORTATION SERVICES, LLC

254182

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2015 - 28 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Booker TW Little

Submitted by:

Telephone: 803-842-8922

Address: 2308 REMBERT STREET

Fax: 866-338-4162

COLUMBIA SC 29201

Other:

Email: taz.little@outlook.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- Application - Class A/A Restricted
Application - Class C Taxi
Application - Class C Charter
Application - Class C Charter Bus
Application - Class C Non-Emergency
Application - Class C Stretcher Van
Application - Class E Household Goods
Application - Class E Hazardous Waste
Application
Request for Extension to Comply with Order
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
Request for Cancellation of Certificate
Request for Suspension
Request for Reinstatement
Request for Name Change on Certificate
Request to Amend Scope of Authority
Request to Amend Tariff (rate increase, etc.)
Request to Amend Passenger Limit
Request
Exhibit
Late-Filed Exhibit
Letter
Proposed Order
Publisher's Affidavit
Reservation Letter
Response
Return to Petition
Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**

Date: 1-15-15

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

J&T TRANSPORTATION SERVICES, LLC

2308 REMBERT STREET COLUMBIA SC 29201

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-842-8922

Phone

866-338-4162

Fax

TAZ.LITTLE@OUTLOOK.COM

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

Individual Owner/Sole Proprietorship

Partnership - List names and address of all person having an interest in the business.

Corporation - List names and addresses of two principal officers.

BOOKER TW LITTLE- 2308 REMBERT STREET COLUMBIA, SC 29201

THOMAS LITTLE- 1203 NORTH SLOAN STREET CLINTON, SC 29325



Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month DEC Year 2014

**Assets:**

Cash	25,956.00
Receivables	N/A
Real Estate	250,000.00
Buildings and Equipment (Net)	10,000.00
Motor Vehicles (Net)	22,565.00
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	2500.00
Prepays and Other Assets	5,670.00
<b>Total Assets *</b>	<b>316,691</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	5319.00
Notes Payable	0
Mortgages Payable	1500.00
Equipment Obligations	1000.00
Accrued Salaries and Wages	4800.00
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>12,619.00</b>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	<b>304,072.00</b>
<b>Total Liabilities and Equity *</b>	<b>329,231.00</b>

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Monday Through Friday Rates (5:00 AM to 8:00 PM)

Service Provided	Flat Rate	Plus Mileage	Weekend, afterhours all major holidays
Ambulatory	\$32	2.50 per mile	additional \$30
Wheelchair	\$45	3.00 per mile	additional \$30

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |



## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

J & T TRANSPORTATION SERVICE, LLC

Name of Applicant

2308 REMBERT ST; COLUMBIA, SC 29201

Address of Applicant

### Amount of Premium:

Liability Insurance \$ 4,000,000 ESL

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

### Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	\$1,000,000
Medical Payments per Person	\$ 1,000	\$1,000

Cypress Insurance Co.

Name of Insurance Company

Berkshire Hathaway Homestate 1314 Douglas St Omaha NE 68102

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

01/09/15

Date

Brett V. Post

Authorized Insurance Company Representative's Signature

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

J & T Transportation Service, LLC  
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

- Yes                       No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- Yes                       No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

- Yes                       No

## **Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

Yes                       No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

Yes                       No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

Yes                       No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

Yes                       No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

Yes                       No

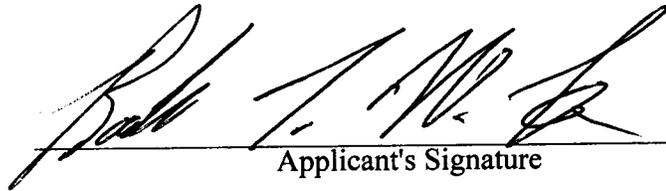
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

Yes                       No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

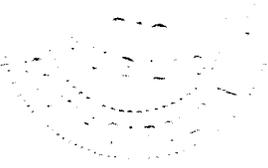
MANAGER  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Richland )

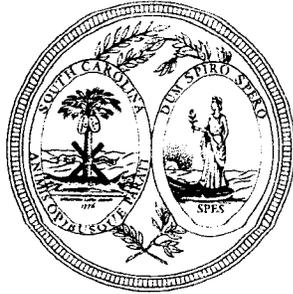
SWORN TO BEFORE ME  
This 13 day of Jan, 20

  
Notary Public

Commission Expires Oct 15, 2020



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

J&T TRANSPORTATION SERVICES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 20th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
20th day of June, 2014.

  
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic  
Filing Fee - \$110.00

JUN 20 2014

*[Signature]*  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

J&T Transportation Services LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

2490 Fish Hatchery #D2

Street Address

West Columbia, 29172

City

Zip Code

3. The initial agent for service of process is

United States Corporation Agents, Inc.

Name

*[Signature]*  
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

1591 Savannah Highway, Suite 201

Street Address

Charleston, 29407

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) LegalZoom.com, Inc.

Name

101 N. Brand Blvd., 11th Floor

Street Address

Glendale

City

California

State

91203

Zip Code

- (b)

Name

Street Address

City

State

Zip Code

5. [ ] Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_

6. [X] Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

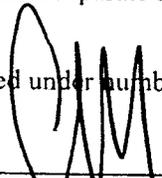
(a) Thomas little  
Name  
2490 Fish Hatchery #D2  
Street Address  
West Columbia, South Carolina 29172  
City State Zip Code

(b) Booker Little  
Name  
2490 Fish Hatchery #D2  
Street Address  
West Columbia, South Carolina 29172  
City State Zip Code

7. [ ] Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.  
  
\_\_\_\_\_  
Signature of Organizer By: Cheyenne Moseley, Assistant Secretary of LegalZoom.com, Inc. (Organizer)

6/19/2014  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Organizer

\_\_\_\_\_  
Date